

09/7/19017

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|----------------------------------|----------|--------|--------------|
| FEE DETERMINATION | | | |
| O.I.P.E. CLASSIFIER | <i>W</i> | | <i>10/15</i> |
| FORMALITY REVIEW | | | |
| RESPONSE FORMALITY REVIEW | | | |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 — (Through numeral) Canceled A Appeal
 - Restricted O Objected

| Claim | Date |
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If more than 150 claims or 10 actions
staple additional sheet here

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